



**Defense Procurement & Acquisition Policy  
Acquisition Exchange Program  
Application Form**

**Application Process:**

To apply for acceptance into the Acquisition Exchange Program, the applicant must attach a current resume and submit an application package to:

**Mailing address:** OUSD(AT&L)DPAP/P  
Attn: Phil Degen  
3060 Defense Pentagon  
Washington, DC 20301-3060

**FAX:** 703-614-1254

**E-mail (preferred):** Philip.Degen@osd.mil

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*(Please print or type information)*

**Applicant Information:**

**Applicant's Name:** \_\_\_\_\_  
(First Name, MI, Last Name)

**Permanent Title, Series, and Grade:** \_\_\_\_\_

**Organization and Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_

**Rotation Starting Date (preferred):** \_\_\_\_\_  
**Duration of Rotational Assignment (in months):** \_\_\_\_\_

Applicants must review the attached DPAP project descriptions and list area(s) of interest in order of preference:  
(Example: OUSD(AT&L)DPAP/P (Project #2))

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
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**Briefly respond to each of the following:**

1. List your objectives for participation in the program.
  
2. Share your career goals (near and long term) and describe how you intend to achieve these goals.
  
3. What do you expect to contribute to the DPAP organization during your rotational assignment?
  
4. Describe how you will benefit by participating in this exchange program.

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**Supervisor Information:**

**Supervisor's Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Supervisor's comments/recommendation:**

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**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_